

Household Contacts Tracking/Phone Contact Form

Center : _____ Agreement/Site Numbers : _____

Month(s) Verified: _____

Reason(s) for Verification: _____

For SA Use Only: Check list for documents needed: ☐ Copies of pertinent claim-related information ☐ Enrollment forms as applicable

Children First Name/Last Name	Date/Person Contacted/Findings	Date rec'd if mailed	Follow-up activities, if applicable